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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address belowName Lou F. Del NinAddress 40 Sheppard Avenue West - Suite # 720City Toronto State Ontario ZIP M2N 6K9Country Canada Telephone (416) 590-1900 x222 Fax (416) 590-1600

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) Lou F. Family Name or Surname Del NinInventor's Signature [Signature] Date August 7, 2001Residence: City Toronto State Ontario Country Canada Citizenship CanadianMailing Address 40 Sheppard Avenue West, Suite # 720City Toronto State Ontario ZIP M2N 6K9 Country CanadaNAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) \_\_\_\_\_ Family Name or Surname \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Citizenship \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.